



SAFETY AND HEALTH DISCRIMINATION COMPLAINT

(ONLY APPLICABLE WHEN SAFETY AND HEALTH ISSUES ARE INVOLVED)

						Case No.	
Full Name				Date		E-mail address	
Present Address						Telephone Number	
City	County	State	ZIP	Complainant's Attorney		Telephone Number	
Employer			Business Name				
Address			City	State	ZIP+4	County	
Type of Business						Telephone Number	
Union local no.	Address		City	State	ZIP+4		
Have you filed a grievance with your union? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the status of your grievance?		Union personnel			Date grievance filed	
Date hired	Supervisor's name		Department you worked in			Job title	
Final wage rate	Has employment been terminated? <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No		Check related hazard type <input type="checkbox"/> Safety <input type="checkbox"/> Both <input type="checkbox"/> Health			Did you request a safety or health inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date alleged act of discrimination occurred		Date you became aware of Employer's action				Date the inspection was requested	
Describe how you were discriminated against							
Why did the employer take this action (in your opinion)?							
Did you and/or anyone else file any complaints with the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				What were the results of your complaint?			
Name, address and phone number of others who filed a complaint							

Please review RCW on reverse side. If your allegation does not comply with this statute or related to Safety & Health issues, do not submit this form.

Have you filed your complaint with another agency? If so, which agency have you contacted?		
Have you received employee evaluation(s) during your employment? If so, please specify date(s).		
Have you received any warnings or reprimands from your employer? If yes, specify why and if they were oral or written.		
What may we expect the employer to tell us about you?		
List the names, addresses and telephone numbers of witnesses to the alleged acts of discrimination.		
I certify under the penalties of perjury that the information provided herein is the truth to the best of my knowledge.		
Print Name	Date	Signature

Mail completed form to: Department of Labor and Industries
WISHA Services Division
PO Box 44600
Olympia WA 98504-4600

Department use only

Location complaint filed		I certify that the complaint was filed with me on:
Phone	Dept representative and title	Signature

Your rights under RCW 49.17.160 (1) and (2) are:

RCW 49.17.160 Discrimination against employee filing complaint, instituting proceedings or testifying prohibited-Procedure-Remedy.

(1) No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this chapter, or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this chapter.

(2) Any employee who believes that he has been discharged or otherwise discriminated against by any person in violation of this section may, within thirty days after such violation occurs, file a complaint with the director alleging such discrimination. Upon receipt of such complaint, the director shall cause such investigation to be made as he deems appropriate. If upon such investigation, the director determines that the provisions of this section have been violated, he shall bring an action in the superior court of the county wherein the violation is alleged to have occurred against the person or persons who is alleged to have violated the provisions of this section. If the director determines that the provisions of this section have not been violated, the employee may institute the action on his own behalf within thirty days of such determination. In any such action the superior court shall have jurisdiction, for cause shown, to restrain violations of subsection (1) of this section and order all appropriate relief including rehiring or reinstatement of the employee to his former position with back pay.